

DURHAM
1 8 6 9
 CITY OF MEDICINE

CITY OF DURHAM
101 CITY HALL PLAZA | DURHAM, NC 27701
919.560.4137 | F 919.560.4641
Planning@DurhamNC.gov

STREET VENDOR REGISTRATION

Request for New ☐ Renewal ☐ Amendment ☐

About this Application

This application is for registration purposes only. Only vendors selling food within the City public street right of way in Durham City limits must complete this registration form. The registration shall be renewed by July 1st of each year and prior to renewing the City of Durham Privilege License. The registration fee is \$10 per cart or truck operated by each vendor. Only one application per vendor is required even if the vendor has multiple carts or trucks.

Contact Information: If you have any questions about this application, please contact the City-County Planning Department at (919) 560-4137 between 8:00 a.m. and 5:00 p.m. Monday – Friday, or Planning@DurhamNC.gov.

*Please bring or mail a complete application, **including a copy of your current Durham Co. Health Department or Dept. of Agriculture permit**, and fee to the address above. Make checks payable to "City of Durham." Out of state and starter checks will not be accepted. Cash payments or credit cards are only accepted if submitted in person at City Hall.*

Applicant Information

Applicant Name:	Email:
DBA/Business Name:	Telephone #1:
Company Name (if different):	Telephone #2:
Street Address:	City/State/ZIP:
Contact Person:	Contact Telephone:

Please fill in the number of carts ____ and/or trucks ____ associated with the business

I hereby certify that the information contained in this application is true to the best of my knowledge. I further certify that all sales associated with the business listed above will be conducted per all applicable state and local laws, and understand that only food and non-alcoholic beverages may be sold. I certify that I have attached a copy of my current permit from the Durham County Health Dept. or NC Dept. of Agriculture, as applicable, and received a copy of the regulations for Street Vendors.

Applicant Signature

Date

Tracking Information (Staff Only)

Registration #: STV	Date/Time Rec'd:	Rec'd By:
Previous Registration #: <input type="checkbox"/> HO or <input type="checkbox"/> BV #:	Previous # of Carts/Trucks:	Prev. App/Renewal Date:
Fee: \$10 x _____ carts/trucks = \$ _____ Total Fee Paid <input type="checkbox"/>	Copy of Current Health Dept./ Agriculture Dept. Permit Attached <input type="checkbox"/>	Any Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No Prev. Reg. Revoked Date:
Staff Notes:		